

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/982.828

FILING DATE

APPLICANT(S)

4.26.04 CLAIMS

4.26.04

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4	X	X	X	X		
5						
6						
7	X					
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20		2				
21						
22		4				
23		2				
24		4				
25		4				
26		4				
27					1	
28						1
29						1
30						1
31						1
32						1
33						6
34						6
35						1
36						1
37						2
38						1
39					1	
40						1
41						1
42						1
43						1
44						1
45						1
46						1
47						1
48						1
49						1
50						1
TOTAL IND.	13		5			
TOTAL DEP.	29		5			
TOTAL CLAIMS	42		5			

	* IND.		* DEP.		* IND.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						2
52						1
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						2
TOTAL DEP.						36
TOTAL CLAIMS						38

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS